

CLAIMS ONLY

Application Number

10/795914

Filing Date

Applicant(s)

| CLAIMS | AS FILED 8/15/05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|---------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | X | I | | | | |
| 2 | | I | | | | |
| 3 | | I | | | | |
| 4 | X | I | | | | |
| 5 | I | | | | | |
| 6 | | I | | | | |
| 7 | X | I | | | | |
| 8 | X | I | | | | |
| 9 | I | | | | | |
| 10 | | I | | | | |
| 11 | X | I | | | | |
| 12 | I | | | | | |
| 13 | | I | | | | |
| 14 | | I | | | | |
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| 22 | I | | | | | |
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| 30 | X | I | | | | |
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| Total Indep | 8 | | | | | |
| Total Depend | 15 | | | | | |
| Total Claims | 23 | | | | | |

| May be used for additional claims or amendments | | | | | | |
|---|-------|--------|-------|--------|-------|------|
| | Indep | Depend | Indep | Depend | Indep | Depe |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |